

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PRO-670)**

SERIAL NO.

09540637

FILING DATE

3/31/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL W/O.	4					
TOTAL DEF.	19					
TOTAL	23					

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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